COMPAND OF CONTROL

UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket	No. 0932	/00381	0 =	
First Named Invent	or or Application Identifier	BERRY et al.	365	
Title	Method of Photo Removal	oresist Ash Residu		
Express Mail La	that No		- 10 - E	=

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

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APPLICATION	ON ELEMENTS	S	ADDRESS	TO:	Assistant Comm Box Applications Washington, D.O	
- Statement Rega - Reference to Mi - Background of ti - Brief Summary o	[To: ent set forth below) of the invention s to Related Applicati rding Fed sponsored F crofiche Appendix he Invention of the invention of the Drawings (if fi tion	R & D iled) otal Pages [1]	7. 🔲 Nucleotid	le and/o on (<i>if a</i> Compu Paper (er Program (Appe or Amino Acid Seq pplicable, all nece ter readable copy Copy (identical to ent Verifying iden	uence <i>ssary</i>) computer copy)
b. Copy from a pri (for continuati completed) DELETION Signed sinventor	disclosure of the prior the oath or declaration, is considered as be accompanying applice	eleting application, 33(b) 4b is application, on is ing part of	9. 37 CFR 3. 10. English Tr. 11. Information Statement 12. Preliminary 13. Return Recommond (Should Education Statement) 14. Small Entition Statement 15. Certified of	.73(b) Sanslation n Disclot (IDS)/Fly Ameniceipt Pope specify trials to pay of the specific opens open	n Document (if apposure CPTO-1449 CP	Power of Attorney plicable) Copies of IDS itations In prior application, er and desired
17. If a CONTINUING APPLIC	CATION, check approp	Continuation	-in-part (CIP) of prior			
			DENCE ADDRESS	1		
Customer Number or Bar	Code Label			or 🗆	correspondence	address below
	label f		or Attach bar code	Q _e		
NAME		Pollock,	Vande Sande & A		ck, R.L.L.P.	
ADDRESS		Suite 800 1990 M Street, N.W.				
CITY	Washington	STATE	DC		ZIP CODE	20036-3425

Fee Calculation and Transmittal

	(Col 1)					SMALL ENTITY		NON-SMALL ENTITY	
	NO. FILED	7 [NO. EXTRA	RATE	FEE	OR	RATE	FEE
TOTAL	19	minus	20	= 0	x9=	\$		x18=	\$0
INDEP	2	minus	3	= 0	x39=	\$		x78=	\$0
_ First Presentation, Multiple Dependent Claims +130					+130=	\$		+260=	\$
		Base	Filing Fee			\$345.00	'		\$690.00
Other Fee (specify purpose)						\$			\$
TOTAL FILING FEE* (accounting for possible small entity status)						\$	OR	TOTAL	\$

\boxtimes	A check in the amount of \$690.00 to cover the filing fee is enclosed							
	No payment is e submitted.	enclosed at this time. Full payment will be made when the executed Declaration is						
\boxtimes		r is hereby authorized to charge and credit Deposit Account No. 22-0185 as described to copy of this sheet is enclosed.						
		Charge the amount of \$ as filing fee Credit any overpayment.						
		Charge any additional filing fees required under 37 CFR § 1.16						
		Charge any additional filing fees required under 37 CFR § 1.17						

Name (Print/Type)	Martin Abramson	Registration No. (Attorn	25,787	
Signature	Met Agran		Date	2/17/00